



PTO/SB/01 (12/97)

type a plus sign (+) in this box [+]

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMENCE

Under the Paperwork Reduction Act of 1995, no persons are required to response to a collection of information unless it displays a valid OMB control number

DECLARATION	Attorney Docket N	Attorney Docket Number Borden P11US0											
DESIGN PATE		tor		PAT	ENAUL	E, F	E, F. et a						
(37 CFR 1.63)				COMPLETE IF KNOWN									
(0, 0	Application Numb	Application Number 09/503,8						834					
Declaration Submitted	Х	Declaration Submitted	Filing Date	Filing Date			February 15, 2000						
with Initial Filing		after Initial Filing (surcharge (37 CFR	Group Art Unit			2749	2749						
		1.16(e)) required)	Examiner Name	Examiner Name			Not Assigned						
As a below named inventor, I	h cre by (declare that:											
My resident, post office addre	ss, and o	citizenship are as stated b	elow next to my name.							Ī			
I believe I am the original, firs			_	ori	ginal	. first and io	int invent	or (if plur	al nam	es			
are listed below) of the subjec	matter	which is claimed and for	which a patent is sought	on t	he in	vention enti	iled:						
METHOD AND APPARATUS FOR NOISE FLOOR ESTIMATION													
the specification of which		(T	itle of the Invention)							ŀ			
is attached hereto													
OR													
was filed on February 15, 2000 As United States Application No. or PCT International													
X (MM/DD/YYYY)		r.ebr.uar.y r	3, 2000							-			
					Г			7 ,,,,,	plicabl	_			
Application Number	arnended on O/YYYY)					(it ap	piicaoi	·5).					
09/503,834 (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by													
any amendment specifically re	ferred t	o above.	•			•	,						
I acknowledge the duty to disc	lose inf	formation which is mater	ial to patentability as defin	ned	in 37	CFR 1.56.							
I hereby claim foreign priority	benefit	s under 35 U.S.C. 119(a)	-(d) or 365(b) of any fore	en :	applie	cations(s) fo	r patent o	inventor	.'s				
certificate, or 365(a) of any Po	CT inter	national application which	th designated at least one	cou	ntry o	ther than th	e United S	tates of A	meric:	a, PCT			
listed below and have also ide international application havin	ntitied i ig a filii	below, by checking the c ing date before that of the	ox, any foreign application application on which prior	n K rity	or pau is cla	ent or inven simed.	tor 8 ceru	ilcaic, or	or any	ا ```			
Prior Foreign Application	Foreign Filing Date			iority									
Numbers(s)	ı	Country	(MM/DD/YYYY)	_	Not Claimed		YES NO						
2,260,336	Ca	nada	02/15/1999										
,													
[] Additional foreign applic	ation nu	imbers are listed on a sur	plemental priority data sh	ieet	PTO	SB/02B atta	iched here	to:					
I hereby claim the benefit und	er 35 U	.S.C. 119(e) of any Unite	d States provisional appli	cati	on(s)	listed below	<i>1</i> .	-					
Application Number(s)	<u> </u>	Filing Date (MM/		Т					•				
Application (ammeria) time pare (attabase (1111)						Additional	amvicios	al applica	ation				
			Ц	numbers at	re listed of	a supple	mental						
						priority da	ta sheet P	TO/SB/02	B attac	ened			
	1												





PTO/SB/01 (12/97) Approved for use through 09/30/00. OMB 0651-0032

Please type a plus sign (+) in this box \rightarrow [\dotplus] Patent and Trademark Office: U.S. DEPARTMENT OF COMMENCE Under the Paperwork Reduction Act of 1995, no persons are required to response to a collection of information unless it displays a valid OMB control number

DECLARATION Utility or Design Patent Application

•	DECLA	ALCA I	1011	- Utili	ty or	Design	I ALC	ונאן	ppnca	JOH			
I hereby claim the ben designating the United disclosed in the prior I acknowledge the duty the filing date of the p	States of Am United States to disclose in	nerica, liste or PCT Int formation	ed below a ternational which is	and, inso il applica material	far as the tion in th to patent	subject ma e manner p ibility as de	itter of a rovided afined i	each of I by the n 37 CF	the claims first parag R 1.56 wl	of this app graph of 35	lication U.S.C.	is not 112, I	
U.S. Parent	U.S. Parent Application or PCT Parent Number					Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)			
Additional U.S. o	r PCT intern	ational app	olication r	numbers	are listed	on a supple	ementa)	priority	sheet PT	O/SB/02B	attached	l hereto.	
As a named inventor,													
Patent and Trademark therewith.	Patent and Trademark Office connected			Custo OR	mer	er			≻	Place Customer Number Bar Label here			
· ·			Г	7	tered prod	titioner(s)	name/r	egistrati	on numbe	r listed belo)W		
Name		R	Legistrati				Na			Registration Number			
Thomas L. Lockhart Reg. No. Peter Visserman Reg. No.			No. 29,32 No. 25,18 No. 31,75	15									
[] Additional registe	red practition	er(s) name	d on sup	plementa	Register	ed Practitio	oner In	Cormatio	n sheet P	ro/SB/02C	attache	d hereto.	
Direct all correspon	dence to:		omer Nu ar Code l					OR	X Co	rresponder	nce add	ress below	
Name													
Address		VARNUM	I, RIDDE	RING, SC	HMIDT &	HowLE	TLLP						
Address		Bridgew	ater Plac	ж, Р.О.	Box 352				г			<u> </u>	
City Grand Rapids				State				49501					
						6) 336-6000 Fax (616) 336-7000							
I hereby declare that a believed to be true; as punishable by fine or application of any par	nd further that imprisonmen	t these stat t, or both,	ements w	ere made	with the	knowledge	that w	illful fal	se statem	ents and the	like so	made are	
Name of Sole or	First Inve	ntor:				[]	A petit	ion has l	been filed	for this uns	signed in	rventor	
Given Name (first and middle [if any]) Family Name or Surname													
Franc	ois	•	Δ.					Pate	naud				
Inventor's Signature	Tro	Mb	late	wellet	lo_				Da	te	12/		
Residence: City	Hull	1	State	PQ	Cour	itry	Can	ada	Cit	izenship	Cana	adián	
Post Office	37 Gra	phite											
Post Office					-T						T =	. 1 -	
City	Hull			State	PQ			2 P4		untry	Can		
[X] Additional invent	ors are being	named on	the 1	supple	mental Ac	Iditional In	ventor(s) sheet	(s) PTO/S	B/02A atta	ched her	reto	

[Page 2 of 2]



....

Please type a plus sign (+) in this box \rightarrow [+]

PTO/SB/02A (12/97)

type a plus sign (+) in this box → [†]

Approved for use through 0930/98. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMENCE

Under the Paperwork Reduction Act of 1995, no persons are required to response to a collection of information unless it displays a valid OMB control number

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page $\frac{1}{}$ of $\frac{1}{}$

											
Name of Addition	nal Joint Invent	or, if any	<i>r</i> :		[] A	petition has been fil	led for this unsig	pned inventor			
Given Na	ame (first and middle		Family 1	Family Name or Surname							
Martia	al		Dufo	Dufour							
Inventor's Signature							Date	15/03/2000			
Residence: City	Aylmer	State	PQ	Country	1	Canada	Citizenship	Canadian			
Post Office	5 rue Brou	age /									
Post Office	MANA	und	the								
City	Aylmer	1	State	PQ	ZIP	J9J 1J3	Country	Canada			
[] Additional invent	ors are being named	on the	suppleme	ntal Additi	onal Inv	ventor(s) sheet(s) P	ΓO/SB/02A attac	ched hereto			
1								1			
Name of Addition	nal Joint Invent	or, if any	/ :		[] A1	petition has been fil	ed for this unsig	med inventor			
Given Na	ame (first and middle		Family 1	Family Name or Sumame							
Inventor's Signature				_			Date				
Residence: City		State		Country	,		Citizenship				
Post Office											
Post Office											
· City			State		ZIP		Country				
[] Additional invento	ors are being named	on the	supplemen	ntal Additi	onal Inv	ventor(s) sheet(s) P	ΓO/SB/02A attac	hed hereto			
•											
Name of Addition	nal Joint Invent	or, if any	' :		[] A ₁	petition has been fil	ed for this unsig	ned inventor			
Given Na	me (first and middle	[if any])		Family Name or Surname							
		- 									
Inventor's Signature							Date				
Residence: City		State		Country			Citizenship				
Post Office											
Post Office							 ·				
City			State		ZIP		Country				
[] Additional inventor	ors are being named	on the	supplemen	ntal Additi	onal Inv	ventor(s) sheet(s) P		hed hereto			